

# ARIZONA JOINT TAX APPLICATION

**IMPORTANT:** See attached instructions before completing this application. For licensing questions on Transaction Privilege, Withholding or Use call (602) 542-4576 or 1-800-634-6494 (from area codes 520 and 928). For questions on Unemployment Tax call (602) 248-9396 or e-mail uit.status@azdes.gov. Please return complete application to: **License & Registration Section, Department of Revenue, 1600 W Monroe, Phoenix AZ 85007.** 

# To complete this online, go to <a href="https://www.aztaxes.gov">www.aztaxes.gov</a>

Incomplete applications will not be processed.

All required information is designated with asterisk \*

Section A: Taxpayer Information (Plea	ase print legibly or type th	e informa	ation on this applicat	tion.)		u min uotonon							
License Type (Please check all that a)			2. Type of Ownership *										
☐ Transaction Privilege Tax (TPT)	FF.)/		☐ Individual / Sole	er S Corporation									
Withholding/Unemployment Tax (	if hiring amplayoos)		☐ Partnership ☐ Association										
Use Tax	ii fiiring employees)		Limited Liability (										
TPT For Cities ONLY			Limited Liability F	nt									
	<u> </u>		☐ Corporation										
3. Federal Employer Identification Numb			State of Inc		☐ Joint Ventu								
Entities other than Sole Proprietors) of	r Social Security Number *	Ta	Date of Inc. Receivership  Tax exempt organizations must attach a copy of the Internal Revenue Service letter of										
			determination.										
4. Legal Business Name / Owner / Emp	lovina Unit *												
					7. Fax Number								
5. Business or "Doing Business As" Nan	ne *	6.	Business Phone Nun	nber *	7. Fax Number								
8. Mailing Address (Street, City, State, Z	IP code) *				9. Country								
	,												
10. Email Address 11. Is your business located on an Indian Reservation?													
10. Linaii Address		''			(See Section G for listing of Reservations)								
			☐ No	,									
12. Physical Location of Business (Stree	et, City, State, ZIP code) *				13. County								
	For additional b	usiness l	locations, complete \$	Section B-12									
14. Are you a construction contractor? *			quire all or part of an e										
Yes (See Bonding Requirem		Yes		omplete the Unempl	ovment Tax Informa	tion (Section D)							
□ No	, I		, ,,		,	,							
Bonding Requirements: Prior to the	Bonding Requirements: Prior to the issuance of a Transaction Privilege Tax license, new or out of state contractors are required to post a Taxpayer Bond												
for Contractors, unless the Contractor													
the amount of bond to be posted. Bond													
For more information on bonding, plea	se see the "Taxpayer Bond	ds" public	cation, which is availa	able online or at the	Department of Rev	renue offices.							
16. Description of Business (Must include	e type of merchandise sold	or taxable	e activity; for employer	s, the type of employ	/ment) *								
17. NAICS Code: (Select at least one.	Go to www.aztaxes.gov for a	a listing of	f codes)										
18. Identification of Owner (and Spouse i						i e							
A. Name (Last, First, MI) *	B. Soc. Sec. No. *	C. Title *	D. % Owned *	E. Complete Resi	idence Address *	F. Phone Number *							
If the owner, partners, corporate office	ars or combination of parts	ners or co	ornorate officers me	mhers and/or mans	aging members ou	n or control more than							
50% of another business in Arizona, a													
,		-	R AGENCY USE ONL										
New Acct. No	LIAB _			DLN									
Change Start	LIAB E	Est		TPT									
Revise S/F Data				WH									
Reopen S/E Date				VVП									

Section B: Tran  1. Date Business					les Began *		3. \	3. What is your anticipated annual income for your first twelve months of business?												
4. Business Class	es (Select	at least o	ne. See	Section	H for a listing	of busir	ness clas	ses on pa	ige 4) *	•										
5. TPT Filing Meth	nod			6 Do	es your busin	ess sell	tobacco	products	7	7 Does	vour h	usiness	sell	new mo	ntor vehic	le tires	or			
Cash Rec		Retailer		vehicle	I new motor vehicle tires or															
☐ Cash Rec		OR NO																		
	6 0	If you	nloggo	obook th	No e months in w	high vo	Lintond	Distribut		☐ Ye	28	(You w	iii be r	equirea	to lile a T	Κ-1.)				
8. Are you a seas	Feb	Mar	Apr	May			Jul	Auç		бер	Oct	: N	nv	Dec						
☐ Yes	□ No	Ja		100	mai	Apı	inay	, 00	411	oui	Aug		СР				DCC			
9. Location of Tax	Records (	Street Add	dress, Ci	ty, State	and ZIP code	) Do not	t use PO	Box or Ro	oute No	). <b>*</b>										
10. Name of Com	pany or pe	rson to Co	ontact						11. Ph	one Numb	er									
For additional loc	ations. c	omplete t	he follov	vina: (If	more space	is need	led, plea	se attach	additio	onal shee	ts)									
12. "Doing Busine							, ,				,	13. Ph	one N	umber						
14. Physical Local	tion Addre	ss (Do not	use PO	Box or R	Route No.)															
15. City						16. C	County				17.	State	18	8. ZIP co	code					
19. "Doing Business As" Name for this Location 20. Phone Number												unibei	I							
21. Physical Locat	tion Addre	ss (Do not	use PO	Box or R	Route No.)															
22. City						23. C	County				24.	State	25	5. ZIP co	ode					
Section C: Prog	ram Cities	/ Licens	e Fees E	Below is	a list of citie	s and to	owns lic	ensed by	the Ar	izona Dep	artme	nt of Rev	enue							
City/Town	Code	Fee	No. of Loc	Total	City/Tov	vn	Code	Fee	No. o	1	С	ity/Town		Code	Fee	No. of Loc	Total			
Apache Junction	AJ	2.00			Goodyear		GY	5.00			Sahu			SA	5.00					
Benson	BS	5.00			Guadalupe		GU	2.00			San Luis			SU	2.00					
Bisbee	BB	1.00			Hayden		HY	5.00		+	Sedona			SE	2.00					
Buckeye Bullhead City	BE BH	2.00			Holbrook Huachuca C	ity	HB HC	1.00 2.00			Show Low			SL SR	2.00 1.00					
Camp Verde	CE	2.00			Jerome	ity	JO	2.00			Sierra Vista Snowflake			SN	2.00					
Carefree	CA	10.00			Kearny		KN	2.00			Somerton			SO	2.00					
Casa Grande	CG	2.00			Kingman		KM	2.00			South Tucson			ST	2.00					
Cave Creek	CK	20.00			Lake Havas	J	LH	5.00			Springerville			SV	5.00					
Chino Valley	CV	2.00			Litchfield Pa	rk	LP	2.00			St. Jo	hns		SJ	2.00					
Clarkdale	CD	2.00			Mammoth		MH	2.00			Superior			SI	2.00					
Clifton	CF	2.00			Marana		MA	5.00			Surpr			SP	10.00					
Colorado City	CC	2.00			Maricopa		MP	2.00			Taylo			TL	2.00					
Coolidge	CL	2.00			Miami		MM	2.00			Thato			TC	2.00					
Cottonwood	CW DL	2.00 5.00			Oro Valley		OR PG	12.00			Tolles	on stone		TN	2.00 1.00					
Douglas Duncan	DC	2.00			Page Paradise Va	llov	PV	2.00			Wellto			TS WT	2.00					
Eagar	EG	10.00			Paradise va	iie y	PK	2.00		+		enburg	+	WB	2.00					
El Mirage	EM	15.00			Patagonia		PA	25.00		+	Willco		+	WC	1.00					
Eloy	EL	10.00			Payson		PS	2.00		+	Willia		$\dashv$	WL	2.00					
Florence	FL	2.00			Pima		PM	2.00			Winke		_	WM	2.00					
Fountain Hills	FH	2.00				Pinetop/Lakeside		2.00			Winsl			WS	10.00					
Fredonia	FD	10.00			Prescott Val		PP PL	2.00			Young			YT	10.00					
Gila Bend	GI	2.00			Quartzsite		QZ	2.00			Yuma			YM	2.00					
Gilbert	GB	2.00			Queen Cree	k	QC	2.00												
Globe	GL	2.00			Safford		SF	2.00												
Ple	ase Note:	City fee	es are su	biect to	change (go	to our v	website	Total of	City Fe	es:										
- 10																				
	updates).	For citie	s not lis	ted abov	re, please co	ntact th	e cities	State Fe	es \$12.	.00 X	Num	ber of L	ocatio	ons:						

Section D: Withholding/Unemployment Tax Information																													
1. Are you	1. Are you liable for Federal Unemployment Tax?  2. Are individuals performing services for you excluded from withholding or unemployment tax?																												
☐ Ye	es	If yes,	If yes, what was the first year of liability?											s If yes, please explain:															
□ No	0	Year _							Г	] N	0																		
											Date	ate Employees 5. Do you have or have you previously had an																	
											First	rst Hired. * Unemployment Tax Number?																	
☐ Ye	Yes If yes, please attach a copy of the Ruling Letter.																No												
□ No																Yes	s 1	f ves	Ru	sines	s Na	me							
															_			•										_	
Unemployment Number													_																
6. Record of Arizona wages paid by calendar quarter for current and preceding calendar year.  YEAR 1ST QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER																													
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7. Weekly	reco	ord of number of persons performing services in Arizona for  JANUARY FEBRUARY MA											and p	reced				year.	_		B.A	۸V					INIE		
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																	$\perp$		$\perp$	1									
YEAR		JU	LY			AUC	GUST			SEP	ГЕМВЕК					OCTOBER NOVEM					MB	MBER DECEMBER							
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If you acq							na bus	iness,	plea	se co	ompl	ete th	nis se	ection	1														
8. Date A	cquire	ed *	(		quired	*											1	_	.cquir		•		ľ	f othe	er, ple	ase e	xplai	1	
				_	☐ All ☐ Par	+ "-	To apply	for a no	rtion o	of the	20001	Purchase count and its corresponding																	
				ax rate	e, you m	ust file	an App	ication 8	k Agre	emen	t for S	Severable Portion Experience																	
			F	Rating	Transfe	er (UC-	247) wit	hin 180 (	days o	of acq	uiring	the b	usine	ss."				L		ther									
Previous (	Owne	r Inform	ation																										
11. Name	e(s) o	Previo	ıs Owr	ner(s)	*							12. E	Busin	ess N	lame	e of F	Previ	ous (	Owne	er(s)	*								
13. Curre	nt Ma	iling Ad	dress o	of Pre	vious C	Owner	(s) (Str	eet, City	y, Sta	ite, ZI	IP co	de)																	
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14. Curre	nt ie	epnone	Numb	erori	Previou	IS OW	ner(s)					15. (	Jnem	ipioyr	nent	ınun	nber	01 PI	evio	us C	wner	(S)							
(	)																												
Voluntary	Electi	on of U	nemplo	ymer	nt Tax C	Covera	age																						
16. The applicant, on behalf of the employing unit, voluntarily elects to assume liability regarding employer beginning January 1 of the current calendar year (or the date employment started, if later) and continuing for not less than two full calendar years to:																													
	A. B	e deem	ed an e	emplo ax co	yer sub	oject to	o Title 2 y emplo	23, Cha yees al	pter 4	4, Ariz gh no	zona ot ma	Revis	sed S ory, or	Statute	es, 2	23-72	5 (D	), to	the s	ame	exter	nt as	all ot	ther e	emplo	yers	and e	xten	d
unemployment tax coverage to my employees although not mandatory, or  B. Extend coverage to all employees performing services excluded from coverage pursuant to Arizona Revised Statutes, 23-725 (E).																													

Section E. AZTaxes.gov Se	curity Adri	imistrator (Authorized User)												
		xes.gov you can have online authorized users to access		s to account information, and fervices.	ile and p	pay Arizona transaction, use	, and							
☐ I Elect to Register to use	e aztaxes.go	ov to file and pay online.												
■ I DO NOT Elect to Regis	ster to use a	ztaxes.gov to file and pay onlin	ne.											
Authorized Users Last Na	ame			2. Authorized Users First Name										
3. Authorized Users Title			Authorized Users Social Security Number											
5. Authorized Users Email A	ddress		Authorized Users Phone Number											
Section F: Signature(s) By	/ Individua	s legally responsible for the	husiness	(required)										
				managing member, the trustee, re	ceiver or	nersonal representative of an es	tate							
Under penalty of perjury I (vadministrator listed in Section	we), the ap	plicant, declare that the infor	mation pr	ovided on this application is true	e and co	rrect. I (we) hereby authorize th	ne security							
Type or Print Name		Title	Signa	ature		Date								
Type or Print Name		Title	Signa	Signature Date										
THIS APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED AS PROVIDED BY ARS § 23-722 Equal Opportunity  Employer/Program • This document available in alternative formats by contacting the UI Tax Office.														
ection G: Indian Reservation Codes														
Indian Reservation	Code	Indian Reservation	Code	Indian Reservation	Code	Indian Reservation	Code							
(County) Ak-Chin (Pinal)	PNA	(County) Hopi (Coconino)	COJ	(County) Pascua-Yaqui (Maricopa)	MAN	(County) I Tohono O'Odham (Pinal)	PNT							
Cocopah (Yuma)	YMB	1 ' '	NAJ		PMN	` '	GLU							
Colorado River (La Paz)	LAC	Hualapai (Coconino)	COK	. , ,			APD							
Fort McDowell-Yavapai (Mar.)		1 1 1	MOK	1 '	GLP		GLD							
Fort Mohave (Mohave)	MOF	Kaibab-Paiute (Coconino)	COL	San Carlos Apache (Graham)	GRF	White Mtn Apache (Graham)	GRD							
Fort Yuma-Quechan (Yuma)	YMG	Kaibab-Paiute (Mohave)	MOL	San Carlos Apache (Pinal)	PNP	White Mtn Apache (Navajo)	NAD							
Gila River (Maricopa)	MAH		APM	,	o.) COC		YAW							
Gila River (Pinal)	PNH		COM		Yavapai Prescott (Yavapai)	YAX								
Havasupai (Coconino)	COI	Navajo (Navajo)	NAM	Tohono O'Odham (Pima)	PMT	•								
Section H: Business Class	es													
Business Class	Code	Business Class	Code	Business Class	Code	Business Class	Code							
Mining - Nonmetal	002	Commercial Lease	013	Use Tax - Utilities	026	Jet Fuel Tax	049							
Utilities	004	Personal Property Rental	014	Rental Occupancy Tax	028	Jet Fuel Use Tax	051							
Communications	005	Contracting - Prime	015	Use Tax Purchases	029	Rental Car Surcharge	053/055							
Transporting	006	Retail	017	Use Tax from Inventory	030	Jet Fuel Tax > 10 million gallions	056							
Drivata Con Dinalina	007/000	Service -	040	Tologommunication - Davids	000	Lies Tay Direct Decrees	400							
Private Car - Pipeline	007/008	Metalliferous Mining	019	Telecommunications Devices 911 Wireless	033	Use Tax Direct Payments 911 Wireline	129							
Publication	009	Serverance - Timbering Ponderosa	021	Telecommunications	036	Telecommunications	131							
1 abilitation	000	Serverance - Timbering	021	TOTOCOTTITICATION	000	Rental Car Surcharge -	101							
Job Printing	010	Other	022	Contracting - Owner Builder	037	Stadium	153							
	1.5	Recreational Vehicle	\	g canto bando										

Municipal Water

Membership Camping

041

047

023

025

Amusement

Restaurants and Bars

Surcharge

Transient Lodging

011

012

# INSTRUCTIONS FOR ARIZONA JOINT TAX APPLICATION

**IMPORTANT:** You must complete each of the following sections or your application will be returned

# **USE THIS APPLICATION TO:**

- License New Business: A new business with no previous owners.
- Change Ownership: If acquiring or succeeding to all or part of an existing business or changing business entity (sole owner to corporation, etc.).

If you need to update a license, add a business location, or make other changes: Request an update card or provide a written notification of the change (a form is not necessary). Please include fees of \$12 per location plus applicable city fee(s).

# Section A: TAXPAYER INFORMATION

# 1. LICENSE TYPE

**Transaction Privilege Tax (TPT):** Anyone involved in an activity taxable under the TPT statutes must apply for a TPT License before engaging in business.

For TPT, you are required to obtain and display a separate license certificate for each business or rental location. This may be accomplished in one of the following ways:

Each location may be licensed as a separate business with a separate license number for purposes of reporting transaction privilege and use taxes individually. Therefore a separate application is needed for each location.

Multiple locations may be licensed under a consolidated license number, provided the ownership is the same, to allow filing of a single tax return. If applying for a new license, list the various business locations as instructed below. If already licensed and you are adding locations, do not use this application to consolidate an existing license. Please submit update form.

**Withholding & Unemployment Taxes:** Employers paying wages or salaries to employees for services performed in the State must apply for a Withholding number & Unemployment number.

**Use Tax:** Out-of-state vendors (that is, vendors with no Arizona location) making direct sales into Arizona must obtain a Use Tax Registration Certificate. In-state vendors making out-of-state purchases for their own use (and not for resale) must also obtain the Use Tax Registration Certificate.

**TPT for cities only:** This type of license is needed if your business activity is subject to city TPT that is collected by the state, but the activity is not taxed at the state level. Many of the larger cities in Arizona administer and collect their own privilege taxes. Please contact those cities directly to obtain information regarding licensing requirements.

# 2. TYPE OF OWNERSHIP

Check as applicable. A corporation must provide the state and date of incorporation.

- 3. Enter your Federal Employer Identification number.
  - Taxpayers are required to provide their taxpayer identification number (TIN) on all returns and documents. A TIN is defined as the federal employer identification number (EIN), or social security number (SSN) depending upon how income tax is reported. The

EIN is required for all employers. A penalty of \$5 will be assessed by the Department of Revenue for each document filed without a TIN.

- 4. Enter the Legal Business Name of the Owner or Employing Unit (Name of corporation as listed in its articles of incorporation, or individual & spouse, or partners, or organization owning or controlling the business)
- 5. Enter the name of the Business/**DBA** (doing business as). If same as above, enter "same."
- **6.** Enter the **business telephone number** including area code.
- 7. Enter the **fax number** including area code.

#### 8. and 9.

Enter **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc. If mailing address differs for licenses (for instance withholding and unemployment insurance), please use cover letter to explain.

- **10.** Enter the **e-mail address** (option) for the business or contact person.
- 11. See section G for listing of **reservation codes** if your business is located on an Indian Reservation.

#### 12. and 13.

Enter the **physical location** of business including county. This can not be a PO Box or Route Number.

- **14.** If you are a **construction contractor**, read the bonding requirements carefully.
- **15.** If you answered yes, you must complete Section D.
- 16. Describe the major business activity: principal product you manufacture, commodity sold, or services performed. Your description of the business is very important because it determines your transaction privilege tax rate and provides a basis for state economic forecasting.
- 17. Enter the North American Industries Classification System (NAICS) code identified for your business activity.
- **18.** Identify the **owners of the business.** Enter as many as applicable; attach a separate sheet if additional space is needed.

# Section B: TRANSACTION PRIVILEGE TAX (TPT)

- 1. Enter the date the business started in Arizona.
- **2.** Enter date sales began in Arizona, or estimate when you plan to begin selling in Arizona.
- 3. Enter the amount of Transaction Privilege Tax income you can reasonable expect to generate in your first twelve months of business. You will be set up for monthly filing unless your anticipated annual income will result in a tax liability of less than \$1,250 which may qualify for a quarterly filer.
- **4.** For businesses applying for Transaction Privilege and/or Use Tax, enter the applicable **business classes** based on your activity. See Section H for listing of business classes.

- 5. Cash/Accrual Methods: Cash method requires the payment of tax based on sales receipts actually received during the period covered on the tax return. When filing under the accrual method, the tax is calculated on the sales billed rather than actual receipts.
- **6.** Complete as indicated.
- 7. Sellers of new motor vehicles and motor vehicle tires in the state, for on-road use, are required to report and pay waste tire fees to the Department of Revenue. By checking the box, you will receive form TR-1 on a quarterly basis.
- **8.** If your business is seasonal or a transient vendor, indicate the months in which you intend to do business.

#### 9. 10. and 11.

Indicate the physical location of your tax records, the contact person and their phone number. This can not be a PO Box or Route Number.

# 12. through 25.

If you have additional business locations, complete this section. If more space is necessary, attach additional sheets.

#### Section C: PROGRAM CITIES / LICENSE FEES

There are no fees for Withholding, Unemployment, or Use Tax registrations. To calculate the fees for TPT licenses, multiply the number of locations in the state by \$12. To calculate the city fees, use the listing of program cities in Section C. First, indicate the number of businesses or physical locations for each of the cities for which the Department of Revenue licenses and collects. Then multiply by the city fee for each city in which you will do business. Add the columns to determine the total city fees. Fill in the totals for state fees and city fees on the application form and total to determine the amount due. Make checks payable to the Arizona Department of Revenue. Be sure to return the city fees sheet with your application. To obtain licensing for cities not listed on the form, please contact the city directly.

# Section D: WITHHOLDING/UNEMPLOYMENT TAX INFORMATION

- 1. Indicate whether you are liable for Federal Unemployment Tax and the first year of your liability.
- 2. If you have individuals excluded from withholding or unemployment tax, please explain why.
- Indicate whether you have an IRS Ruling for exclusion from Federal Unemployment Tax. If you have an IRS Ruling that grants an exclusion from Federal Unemployment Taxes, attach a copy.
- 4. Enter the date employees were first hired in Arizona.
- **5.** If you have or had an unemployment tax number, provide the requested information.
- 6. Enter the total gross wages paid for each quarter.
- 7. Enter the number of persons performing services each week.
- 8. Indicate the date you acquired the business.
- Please indicate if you acquired all or only a portion of the business.
- **10.** Indicate the manner in which you became the new owner or operator of this business.

- 11. Enter the name of the previous owner/operator of the business.
- **12.** Enter the previous business name.

# 13. through 15.

If you know it, we need a current address, phone number and unemployment number for the previous owner.

16. Check the applicable box only if you believe you are not required to provide unemployment coverage and you voluntarily elect to assume employer coverage subject to the provisions of Title 23, Chapter 4, Arizona Revised Statutes 23-725 (D), to the same extent as all other employers and to extend unemployment tax coverage to all employees although not mandatory or to extend coverage to all employees performing services excluded from unemployment tax.

**Please note:** If you voluntarily elect coverage by checking the applicable box, then your signature(s) in Section F shows that you have elected to assume liability pursuant to Arizona Revised Statutes 23-725(D) or (E) and you will not be permitted to challenge this election at a later date if the application is approved. If you have any questions, please refer to the Employers Handbook or Guide to Arizona Employment Tax Requirements available on line at http://www.azui.com or by calling the Unemployment Tax Office at (602) 248-9396.

# Section E: AZTaxes.gov AUTHORIZED USER INFORMATION

# 1. through 6.

Complete this section if you would like to designate a security administrator for your online services at <a href="www.aztaxes.gov">www.aztaxes.gov</a>. The authorized individual will have full access to tax account information and will add or delete users and grant user privileges to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in Section A. The name and e-mail address of the administrator are required for registration.

# Section F: SIGNATURES

The application must be signed only by individuals legally responsible for the business, not agents or representatives.

#### Section G: INDIAN RESERVATION CODES

If your business is located on an Indian Reservation, select the appropriate code from this table and indicate on Section A-11.

# Section H: BUSINESS CLASSES

Select appropriate business classes based on your business activities. You must indicate at least one business class on Section B-4.